

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 05-10224-GAO	
DEFENDANT J.C. Anderson		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Attorney Stephen B. Hrones		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Lewis Wharf, Bay 232, Boston, MA 02110		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
----- Eugenia Carris, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 -----		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)			
Please serve the attached Preliminary Order of Forfeiture upon the above-identified individual by certified mail return receipt requested. <div style="font-size: 1.2em; margin-left: 100px;">742025-05-0024</div>			
Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100
		DATE January 18, 2007	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____
		Signature of Authorized USM's Deputy or Clerk 	
Date _____			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) Bureau of ATF Asset Forfeiture / Seized Property Branch 650 Massachusetts Ave., NW Techworld, Suite 710 Washington, DC 20226		Date of Service 3/9/07	Time 12:24 am
		Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
		Advance Deposits	Amount Owed to US Marshal or
			Amount or Refund

REMARKS:

See attached delivery confirmation

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD
 ☐ NOTICE OF SERVICE
 ☐ BILLING STATEMENT
 ☐ ACKNOWLEDGMENT OF RECEIPT

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney Stephen
B. Hron
Lewis Wharf,
Bay 232,
Boston, MA 02110

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2510 0003 7161 5156

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 2510 0003 7161 5156
7004 2510 0003 7161 5156

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

702025-03-0004 E

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

\$ 7.735

Sent To

Attorney Stephen B. Hron
Street, Apt. No.,
or PO Box No.
Lewis Wharf, Bay 232
City, State, ZIP+4
Boston, MA 02110

PS Form 3800, June 2002

See Reverse for Instructions



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Track & Confirm

Search Results

Label/Receipt Number: **7004 2510 0003 7161 5156**
Status: **Delivered**

Your item was delivered at 12:29 PM on February 1, 2007 in BOSTON, MA 02110.

Track & Confirm

Enter Label/Receipt Number.

Notification Options

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Get current event information or updates for your item sent to you or others by email.

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